TEXAS A&M PHYSICIANS

NOTICE OF PRACTICE CLOSURE

TEXAS A&M PHYSICIANS/BEHAVIORAL HEALTH SERVICES

DR. JOSEPH SOKAL

Re: Resignation of Dr. Joseph Sokal

Dear Patients:

I need to inform you that I have resigned from Texas A&M Physicians Behavioral Health Services (TAMP). I will be closing out my practice over the next 4-8 weeks. At this time, the remaining TAMP psychiatrists are unable accept new patients due to their full case load.

Continuity of your psychiatric care is extremely important. You can contact the following local psychiatrist to transfer care or contact your insurance company to provide a list of recommended providers.

Dr. Mahesh Dave

1201 D Briarcrest Drive

Bryan, TX

979-776-5600

Dr. Lorene Henry

1605 Rock Prairie Rd. Ste 210

College Station, TX 77845

979-696-5883

It may also be reasonable to transfer to your primary care physician or to a primary care physician within Texas A&M Physicians. You can schedule an appointment with TAMP primary care physician by calling 979-776-8440.

Your medical records are confidential. A copy can be transferred to another provider only with your permission. If you would like your records transferred to another provider, please sign the enclosed authorizations and return the release to the following address or fax to 979-776-6905.

2900 E. 29th Street

ATTN: MEDICAL RECORDS

Bryan, TX 77802

On a personal note, it has been a pleasure and honor to serve you. I greatly hope you will stay focused on getting the help you need and taking good care of yourself.

Sincerely,

J Sokal MD 5/14/13

Joseph Sokal, M.D.

Medina, Christopher J. 01/18/1981
Office/Outpatient Visit
Visit Date: Tue, Apr 2, 2013 08 30 am
Provider: Joseph Sokal, MD (Supervisor Joseph Sokal, MD)
Location: Psychiatry and Behavioral Health

Electronically signed by Joseph Sokal, MD on 04/02/2013 09 07 55 AM
Printed on 04/02/2013 at 9.08 am

SUBJECTIVE:

CC: Mood disorder, Unhappy with current dx

HPI: CM returns today because he is pursuing disability and feels that the correct dx is bipolar but that is not how Dr. Potts dx him. I let him know that I do not know him well enough and do not have enough records to determine the best fit dx I acknowledged that after his initial visit I had significant dx uncertainty I also let him know that for the most part I do not help a patient pursue disability without having had a treatment relationship of about a year He is currently taking Cymbalta which he got from his pain management doctor but he continues to reveal a negative world view in which he is almost always misunderstood and victimized He reports multiple conflicts with others including his current therapist Paul Johnson He would like me to call Paul Johnson to discuss his case which I agree to do He also would like his medical records which I agree to provide

ROS:
CONSTITUTIONAL Positive for **fatigue (mild)**.
MUSCULOSKELETAL Positive for **back pain and walks with a cane**.

OBJECTIVE:

Exams:
MENTAL STATUS EXAM
GENERAL APPEARANCE: (well developed, walks with a cane; **anxious**)
MOTORIC BEHAVIOR: (No AIMS)
ATTITUDE (guarded, seems paranoid)
MOOD: (sad)
AFFECT. (appropriate to content)
SPEECH: (rambling)
PERCEPTUAL DISORDERS (None)
THOUGHT CONTENT (Fleeting HI no intent)
THOUGHT PROCESS (illogical, tangential, perseveration)
SENSORIUM (clear)
CONCENTRATION AND CALCULATION (Patient's ability to pay attention is limited).
INTELLIGENCE/FUND OF KNOWLEDGE (Patient's is of average intelligence Patient's fund of knowledge is average)
JUDGEMENT. fair judgement;
INSIGHT unable to assess,

ASSESSMENT: CM was hoping that I might be able to diagnose him with bipolar. I let him know that I do not know what the best fit dx is for him I am convinced that he does have a formal thought disorder, is paranoid and that almost all of his relationships are highly conflicted. I have agreed to talk with his therapist I have suggested he get comprehensive psych testing I congratulated him on his ongoing sobriety

296 90 Unspecified episodic mood disorder
303 93 Alcohol dependence, unspecified, in remission
298 9 Thought disorder

ORDERS:

Other Orders:
Psychotherapy pt&/family w/E&M srvcs 30 min (In-House)

Medina, Christopher J. 01/18/1981
Office/Outpatient Visit
Visit Date: Thu, Jan 3, 2013 11:00 am
Provider: Joseph Sokal, MD (Supervisor: Joseph Sokal, MD)
Location: Psychiatry and Behavioral Health

Electronically signed by Joseph Sokal, MD on 01/03/2013 12:43:00 PM
Printed on 04/02/2013 at 9:08 am.

SUBJECTIVE:

CC: H/O bipolar disorder, depression, alcohol and sex addiction, chronic pain

HPI: CM is a 31 y.o.married hispanic male with an unstable and chaotic childhood that included sexual abuse who began drinking at 13 y.o. and who has struggled with a broad range of psychiatric symptoms since that time. He is both avoidant and highly circumstantial and the history he provides is fragmented and difficult to follow. His primary concern is his physical pain and he makes it clear that is his priority even as he touches upon several psychiatric issues. He has been sober for the last two years and attends AA and has a sponsor. He also has a therapist who he says has helped him control his anxiety. However he has been looking at online dating sites and also porn which he says will typically lead him to acting out. He wants to stop but is unable to control himself. His wife has been on him about this which leads to conflict between them. He says he knows he needs to go to treatment center for this problem but when I ask him if he is pursuing this he provides several reasons why he isn't. He has been physically violent towards her in the past and says that he sometimes will threaten to kill her if she leaves him and takes their daughter. He says that when he makes these threats both he and she know he doesn't mean it. He says that he was referred her by Dr. Friedman who believes many of his pain complaints and problems are ' psychological in nature.' . He reports being in disputes with his PCP, insurance company and Dr. Friedman and tends to externalize his problems. He denies being depressed although he c/o of chronic shoulder and global pain while commenting, ' you'd be sad to if your body hurt all the time.' He says that Dr. Friedman was no longer willing to provide him ativan and his primary agenda in seeing me is to get ativan which he says helps stop painful muscle spasms and also diminishes his anxiety. He describes his anxiety as feeling shaky in the morning or feeling ' weird... like my body isn't right.' He acknowledges believing that unless his pain gets treated he will die. He says that he has discussed this with his physicians all of whom think this is crazy. He denies SI but acknowledges thinking sometimes that being dead would relieve him of pain. He also feels like he is a burden on others. He remains in a dispute with his ex-wife over child care of their son and has recently reported her to CPS because he believes she is neglecting their boy who has ADHD. He says her son told him that she is having sex for money with him in the house. He denies current or past psychotic symptoms. When I ask him about his symptoms pattern when depressed he is vague and it is difficult to confirm adh/o of Major Depressive Episodes. I also asked him about manic episodes and got a similarly opaque response. I reviewed the symptoms with him and he denied most of them but when I asked about the full syndrome he said, ' I'm sure I've had something like that.' Denies self mutilation.
PMH/FMH/SH: PPHX- One suicide attempt by lighting his own shirt on fired in 2009. He says he put the fire out himself however he was voluntarily admitted to ASH at that time. Denies any other hospitalizations or suicide attempts. Reports being treated for depression in the army with sertraline. He says it caused diarrhea and he stopped it. . Was also treated in the MHMR with Abilify at which time he was dx. with bipolar disorder. Unable to get clear symptom picture and related history to confirm or refute dx.

PMHX- Cervical spondylosis without myelopathy, hyperhidrosis, scrotal pain

Meds- Ativan, Ibuprofen, Robinul

ALL- Neurontin and Oxybutin- sounds more like med side effects eg shaking and nausea

FHx- Father Bipolarr, Aunt Schizophrenia

SHx- One of two raised by mother and grandparents. Was close to grandfather and moved between grandparents and his mother and stepfathers house. Was sexually molested by an older male neighbor who taught he and his brother to fondle each other. Was a good student and was also an accomplished wrestler going to the state championships. Began binge drinking at 13 and also used cocaine. Says that he was ' taken advantage of' by some fellow soldiers when he was doing cocaine with them in the service. Has done mostly manual labor but says he was very smart in school but he moved a lot and his drinking prevented him from being in the top ten of his class. His first marriage was stormy and he and his wife were ' swingers.' His current wife is older than him. He has trouble trusting her and sometimes feels she manipulates him into fights. He is currently embroiled in several conflicts: 1. With insurance company over getting an MRI, 2. With Dr. Friedman over ativan 3. With ex wife over child care- has gone to CPS 4. He apparently was charged with criminal trespass for going back into the hospital after he was discharged- details vague.

MSE- 31 y.o. short hispanic male carrying briefcase of his records, casually dressed, decently groomed, fair eye contact,

Health Summary

Patient: Medina, Christopher J (1/18/1981)
Date: 4/2/2013

Current Problems

Alcohol dependence, unspecified, in remission
Depressive disorder not elsewhere classified
Thought disorder
Unspecified episodic mood disorder
Alcohol dependence, unspecified, in remission
Depressive disorder not elsewhere classified
Thought disorder
Unspecified episodic mood disorder

Current Medications

⚠ *Allergies / Adverse Reactions*

Past Medical History

Medina, Christopher J. 01/18/1981
Office/Outpatient Visit
Visit Date: Tue, Apr 2, 2013 08:30 am
Provider: Joseph Sokal, MD (Supervisor: Joseph Sokal, MD)
Location: Psychiatry and Behavioral Health

Electronically signed by Joseph Sokal, MD on 04/02/2013 09:07:55 AM
Printed on 04/02/2013 at 9:08 am.

SUBJECTIVE:

CC: Mood disorder, Unhappy with current dx.

HPI: CM returns today because he is pursuing disability and feels that the correct dx is bipolar but that is not how Dr. Potts dx him. I let him know that I do not know him well enough and do not have enough records to determine the best fit dx. I acknowledged that after his initial visit I had significant dx uncertainty. I also let him know that for the most part I do not help a patient pursue disability without having had a treatment relationship of about a year. He is currently taking Cymbalta which he got from his pain management doctor but he continues to reveal a negative world view in which he is almost always misunderstood and victimized. He reports multiple conflicts with others including his current therapist Paul Johnson. He would like me to call Paul Johnson to discuss his case which I agree to do. He also would like his medical records which I agree to provide.

ROS:
CONSTITUTIONAL: Positive for **fatigue (mild)**.
MUSCULOSKELETAL: Positive for **back pain and walks with a cane**.

OBJECTIVE:

Exams:
MENTAL STATUS EXAM:
GENERAL APPEARANCE: (well developed; walks with a cane**; anxious**)
MOTORIC BEHAVIOR: (No AIMS)
ATTITUDE: (guarded, seems paranoid)
MOOD: (sad)
AFFECT: (appropriate to content)
SPEECH: (rambling)
PERCEPTUAL DISORDERS: (None)
THOUGHT CONTENT: (Fleeting HI no intent)
THOUGHT PROCESS: (illogical, tangential, perseveration)
SENSORIUM: (clear)
CONCENTRATION AND CALCULATION: (Patient's ability to pay attention is limited.).
INTELLIGENCE/FUND OF KNOWLEDGE: (Patient's is of average intelligence. Patient's fund of knowledge is average.)
JUDGEMENT: fair judgement;
INSIGHT: unable to assess;

ASSESSMENT: CM was hoping that I might be able to diagnose him with bipolar. I let him know that I do not know what the best fit dx is for him. I am convinced that he does have a formal thought disorder, is paranoid and that almost all of his relationships are highly conflicted. I have agreed to talk with his therapist. I have suggested he get comprehensive psych testing. I congratulated him on his ongoing sobriety.

296.90	Unspecified episodic mood disorder
303.93	Alcohol dependence, unspecified, in remission
298.9	Thought disorder

ORDERS:

Other Orders:
Psychotherapy pt&/family w/E&M srvcs 30 min (In-House)

MSE- 31 y.o. short hispanic male carrying briefcase of his records, casually dressed, decently groomed, fair eye contact, no AIMS, speech- soft, limited prosody, affect- constricted, anxious, guarded, mood- seems depressed but denies feeling depressed for the most part, TP- Highly circumstantial, vague, avoidant, TC- no SI,HI or delusions, Denies perceptual disturbances, Cog- GI, J/I- Limited

ROS- General- no aches or chills,global pain/shaking Cardiac- denies palpitations, Pulmonary- denies SOB or dyspnea, no current cough, Musculoskeletal- shoulder pain
see outside records for more detailed ROS

VSS- See outside records

ASSESSMENT: Very puzzling presentation of a young man with chronic pain, alcohol and cocaine abuse in remission, sexual addiction and prior dx of depression and bipolar disorder. Rather than describe his interior experience he immediately associates to his surrounding environment and describes details that lead him away from attending to himself. He appears to have little sense of control over himself or his life and often sees himself as a victim. Currently the only clear psychiatric problems he reports are his sexual addiction and anxiety. He does seem depressed to me though he does not report symptoms consistent with a MDD. It is also possible that he is malingering in an effort to get benzos which would be consistent with his prior substance abuse. However my sense is that he is depressed. He may have MDD, Dysthymia or even Bipolar though I would need old records or collateral history to assess this. It also seems likely that he has a personality disorder with cluster b traits. Because of his anxiety, chronic pain and at least some evidence for depression I recommended a trial of an AD. He was not interested in an AD. I let him know that I am unwilling to provide a benzo given his h/o of etoh abuse and the fact that his primary use for it appears to be pain management. I encouraged him to continue in his therapy and to pursue a focused treatment for his sexual addiction. I let him know that he is welcome to f/u with me but I did not set up a return eval. Instead I gave him my card an asked him to call and schedule if he would like to return. My reasoning for this is that he seemed very unmotivated for care here. If he chooses to call and schedule that would demonstrate motivation on his end.

311	Depressive disorder not elsewhere classified
305.03	Alcohol abuse, in remission
305.63	Cocaine abuse, in remission
300.00	Anxiety state, unspecified

ORDERS:

Other Orders:
Psychiatric Diagnostic Evaluation w/Medical Srvs (In-House)

PLAN: 1. Recommended trial of AD- pt uninterested
2. Continue therapy
3. Will leave it to patient to call and reschedule.

Depressive disorder not elsewhere classified
90792-Psyhiactric diagnositc evaluation WITH medical services

Orders:
Psychiatric Diagnostic Evaluation w/Medical Srvs (In-House)

ADDENDUMS:

Addendum: 01/07/2013 12:31 PM -

Visit Note Faxed to:

PROJECT UNITY
for help...for hope
Unity Partners d.b.a. Project Unity
P. O. Box 2812 Bryan, Texas 77805-2812
(979) 595-2900 FAX (979) 595-2901
www.projectunitytx.org

December 23, 2013

NOTICE OF INFORMAL HEARING RESULTS

Dear Christopher Medina,

This letter serves to notify you of the results of your informal hearing conducted on Friday, December 20th, 2013:

As determined by your informal hearing, your housing assistance from BVCOG will be terminated. Your housing assistance from BVCOG will cease on December 31st, 2013. Factual determinations relating to the individual circumstances of the family shall be based on a preponderance of the evidence presented at your hearing. The reason for my decision is that I agree with the preponderance of evidence presented by BVCOG at your Informal Hearing. The public housing authority presented a preponderance of evidence that was sufficient to propose a termination of your housing assistance.

Please be aware that once this informal hearing decision has been made, the decision is final. This decision shall not constitute a waiver of, nor affect in any manner whatever, any rights the complainant may have to a trial de novo or judicial review in any judicial proceedings, which may thereafter be brought in the matter. If you have any questions regarding this letter, please contact BVCOG at (979) 595 – 2801 ext. 2081.

Sincerely,

Ella McGruder

Ella McGruder

Informal Hearing Officer for BVCOG

JS 44 (Rev. 12/12)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

Christopher Medina

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

Brazos

(c) Attorneys *(Firm Name, Address, and Telephone Number)*

DEFENDANTS

Brazos Valley Council of Governments

County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys *(If Known)*

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- [X] 1 U.S. Government Plaintiff
- [ ] 3 Federal Question *(U.S. Government Not a Party)*
- [X] 2 U.S. Government Defendant
- [ ] 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	[X] 1	[X] 1	Incorporated *or* Principal Place of Business In This State	[ ] 4	[ ] 4
Citizen of Another State	[ ] 2	[ ] 2	Incorporated *and* Principal Place of Business In Another State	[ ] 5	[ ] 5
Citizen or Subject of a Foreign Country	[ ] 3	[ ] 3	Foreign Nation	[ ] 6	[ ] 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

CONTRACT
- [ ] 110 Insurance
- [ ] 120 Marine
- [ ] 130 Miller Act
- [ ] 140 Negotiable Instrument
- [ ] 150 Recovery of Overpayment & Enforcement of Judgment
- [ ] 151 Medicare Act
- [ ] 152 Recovery of Defaulted Student Loans (Excludes Veterans)
- [ ] 153 Recovery of Overpayment of Veteran's Benefits
- [ ] 160 Stockholders' Suits
- [ ] 190 Other Contract
- [ ] 195 Contract Product Liability
- [ ] 196 Franchise

REAL PROPERTY
- [ ] 210 Land Condemnation
- [ ] 220 Foreclosure
- [X] 230 Rent Lease & Ejectment
- [ ] 240 Torts to Land
- [ ] 245 Tort Product Liability
- [ ] 290 All Other Real Property

TORTS

PERSONAL INJURY
- [ ] 310 Airplane
- [ ] 315 Airplane Product Liability
- [ ] 320 Assault, Libel & Slander
- [ ] 330 Federal Employers' Liability
- [ ] 340 Marine
- [ ] 345 Marine Product Liability
- [ ] 350 Motor Vehicle
- [ ] 355 Motor Vehicle Product Liability
- [ ] 360 Other Personal Injury
- [ ] 362 Personal Injury - Medical Malpractice

PERSONAL INJURY
- [ ] 365 Personal Injury - Product Liability
- [ ] 367 Health Care/ Pharmaceutical Personal Injury Product Liability
- [ ] 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY
- [ ] 370 Other Fraud
- [ ] 371 Truth in Lending
- [ ] 380 Other Personal Property Damage
- [ ] 385 Property Damage Product Liability

CIVIL RIGHTS
- [ ] 440 Other Civil Rights
- [ ] 441 Voting
- [ ] 442 Employment
- [X] 443 Housing/ Accommodations
- [ ] 445 Amer. w/Disabilities - Employment
- [ ] 446 Amer. w/Disabilities - Other
- [ ] 448 Education

PRISONER PETITIONS

Habeas Corpus:
- [ ] 463 Alien Detainee
- [ ] 510 Motions to Vacate Sentence
- [ ] 530 General
- [ ] 535 Death Penalty

Other:
- [ ] 540 Mandamus & Other
- [ ] 550 Civil Rights
- [ ] 555 Prison Condition
- [ ] 560 Civil Detainee - Conditions of Confinement

FORFEITURE/PENALTY
- [ ] 625 Drug Related Seizure of Property 21 USC 881
- [ ] 690 Other

LABOR
- [ ] 710 Fair Labor Standards Act
- [ ] 720 Labor/Management Relations
- [ ] 740 Railway Labor Act
- [ ] 751 Family and Medical Leave Act
- [ ] 790 Other Labor Litigation
- [ ] 791 Employee Retirement Income Security Act

IMMIGRATION
- [ ] 462 Naturalization Application
- [ ] 465 Other Immigration Actions

BANKRUPTCY
- [ ] 422 Appeal 28 USC 158
- [ ] 423 Withdrawal 28 USC 157

PROPERTY RIGHTS
- [ ] 820 Copyrights
- [ ] 830 Patent
- [ ] 840 Trademark

SOCIAL SECURITY
- [ ] 861 HIA (1395ff)
- [ ] 862 Black Lung (923)
- [ ] 863 DIWC/DIWW (405(g))
- [ ] 864 SSID Title XVI
- [ ] 865 RSI (405(g))

FEDERAL TAX SUITS
- [ ] 870 Taxes (U.S. Plaintiff or Defendant)
- [ ] 871 IRS—Third Party 26 USC 7609

OTHER STATUTES
- [ ] 375 False Claims Act
- [ ] 400 State Reapportionment
- [ ] 410 Antitrust
- [ ] 430 Banks and Banking
- [ ] 450 Commerce
- [ ] 460 Deportation
- [ ] 470 Racketeer Influenced and Corrupt Organizations
- [ ] 480 Consumer Credit
- [ ] 490 Cable/Sat TV
- [ ] 850 Securities/Commodities/ Exchange
- [ ] 890 Other Statutory Actions
- [ ] 891 Agricultural Acts
- [ ] 893 Environmental Matters
- [ ] 895 Freedom of Information Act
- [ ] 896 Arbitration
- [ ] 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- [ ] 950 Constitutionality of State Statutes

V. ORIGIN *(Place an "X" in One Box Only)*

[X] 1 Original Proceeding [ ] 2 Removed from State Court [ ] 3 Remanded from Appellate Court [ ] 4 Reinstated or Reopened [ ] 5 Transferred from Another District *(specify)* [ ] 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing *(Do not cite jurisdictional statutes unless diversity)*:
42 U.S. CODE 12182 - Prohibition of discrimination by Public Accommodations

Brief description of cause:
Loss Housing due to mental illness, medical appointment penalty

VII. REQUESTED IN COMPLAINT:

[X] CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND $ Housing + Damages

CHECK YES only if demanded in complaint:
JURY DEMAND: [ ] Yes [ ] No

VIII. RELATED CASE(S) IF ANY *(See instructions)*:

JUDGE _____ DOCKET NUMBER _____

DATE 4/31/2014

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____